

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

3624-013710

## CLAIMS AS FILED - PART I

|   | (Column 1)      | (Column 2)   |
|---|-----------------|--------------|
| TOTAL CLAIMS  | 17              |              |
| FOR   | NUMBER FILED    | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS                                   | 17 - minus 20 = | *0           |
| INDEPENDENT CLAIMS  | 2 - minus 3 =   | *6           |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> |                 |              |

\* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

| RATE      | FEE    |    | RATE      | FEE    |
|-----------|--------|----|-----------|--------|
| BASIC FEE | 385.00 | OR | BASIC FEE | 770.00 |
| X\$ 9=    |        | OR | X\$18=    |        |
| X43=      |        | OR | X86=      |        |
| +145=     |        | OR | +290=     |        |
| TOTAL     |        | OR | TOTAL     | 770.00 |

## CLAIMS AS AMENDED - PART II

|             | (Column 1)  | (Column 2) | (Column 3)                         | (Column 4) | (Column 5)    |
|-------------|---|------------|------------------------------------|------------|---------------|
| AMENDMENT A | CLAIMS REMAINING AFTER AMENDMENT  |            | HIGHEST NUMBER PREVIOUSLY PAID FOR |            | PRESENT EXTRA |
|             | Total   | *          | Minus                              | **         | =             |
|             | Independent   | *          | Minus                              | ***        | =             |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |            |                                    |            |               |

SMALL ENTITY OR OTHER THAN SMALL ENTITY

| RATE             | ADDITIONAL FEE |    | RATE             | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| X\$ 9=           |                | OR | X\$18=           |                |
| X43=             |                | OR | X86=             |                |
| +145=            |                | OR | +290=            |                |
| TOTAL ADDIT. FEE |                | OR | TOTAL ADDIT. FEE |                |

|             | (Column 1)  | (Column 2) | (Column 3)                         | (Column 4) | (Column 5)    |
|-------------|---|------------|------------------------------------|------------|---------------|
| AMENDMENT B | CLAIMS REMAINING AFTER AMENDMENT  |            | HIGHEST NUMBER PREVIOUSLY PAID FOR |            | PRESENT EXTRA |
|             | Total   | *          | Minus                              | **         | =             |
|             | Independent   | *          | Minus                              | ***        | =             |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |            |                                    |            |               |

| RATE             | ADDITIONAL FEE |    | RATE             | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| X\$ 9=           |                | OR | X\$18=           |                |
| X43=             |                | OR | X86=             |                |
| +145=            |                | OR | +290=            |                |
| TOTAL ADDIT. FEE |                | OR | TOTAL ADDIT. FEE |                |

|             | (Column 1)  | (Column 2) | (Column 3)                         | (Column 4) | (Column 5)    |
|-------------|---|------------|------------------------------------|------------|---------------|
| AMENDMENT C | CLAIMS REMAINING AFTER AMENDMENT  |            | HIGHEST NUMBER PREVIOUSLY PAID FOR |            | PRESENT EXTRA |
|             | Total   | *          | Minus                              | **         | =             |
|             | Independent   | *          | Minus                              | ***        | =             |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |            |                                    |            |               |

| RATE             | ADDITIONAL FEE |    | RATE             | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| X\$ 9=           |                | OR | X\$18=           |                |
| X43=             |                | OR | X86=             |                |
| +145=            |                | OR | +290=            |                |
| TOTAL ADDIT. FEE |                | OR | TOTAL ADDIT. FEE |                |

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.